

County: Rock
CEDAR CREST HEALTH CENTER
1700 SOUTH RIVER ROAD
JANESVILLE 53546 Phone: (608) 756-0344

Facility ID: 2090

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Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 95
Total Licensed Bed Capacity (12/31/01): 95
Number of Residents on 12/31/01: 94

Ownership: Nonprofit Church
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 92

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		36.2
Supp. Home Care-Personal Care	No					1 - 4 Years		35.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.3	More Than 4 Years		28.7
Day Services	No	Mental Illness (Org./Psy)	41.5	65 - 74	5.3			-----
Respite Care	No	Mental Illness (Other)	5.3	75 - 84	25.5			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	21.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	14.9		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.0	65 & Over	95.7	-----		
Transportation	No	Cerebrovascular	3.2		-----	RNs		10.5
Referral Service	No	Diabetes	11.7	Sex	%	LPNs		10.6
Other Services	No	Respiratory	2.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	1.1	Male	8.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	91.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	2	4.4	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.1
Skilled Care	6	100.0	332	43	95.6	104	0	0.0	0	42	97.7	156	0	0.0	0	0	0.0	0	91	96.8
Intermediate	---	---	---	0	0.0	0	0	0.0	0	1	2.3	150	0	0.0	0	0	0.0	0	1	1.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		45	100.0		0	0.0		43	100.0		0	0.0		0	0.0		94	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	6.7	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	0.0	58.5	41.5	94
Other Nursing Homes	6.7	Dressing	3.2	83.0	13.8	94
Acute Care Hospitals	66.7	Transferring	7.4	72.3	20.2	94
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	5.3	70.2	24.5	94
Rehabilitation Hospitals	0.0	Eating	33.0	58.5	8.5	94
Other Locations	20.0	*****				
Total Number of Admissions	75	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.6	Receiving Respiratory Care		7.4
Private Home/No Home Health	24.3	Occ/Freq. Incontinent of Bladder	63.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	39.4	Receiving Suctioning		0.0
Other Nursing Homes	1.4			Receiving Ostomy Care		2.1
Acute Care Hospitals	1.4	Mobility		Receiving Tube Feeding		2.1
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	77.7	Receiving Mechanically Altered Diets		31.9
Rehabilitation Hospitals	0.0					
Other Locations	8.1	Skin Care		Other Resident Characteristics		
Deaths	64.9	With Pressure Sores	0.0	Have Advance Directives		94.7
Total Number of Discharges		With Rashes	10.6	Medications		
(Including Deaths)	74			Receiving Psychoactive Drugs		55.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.8	89.4	1.08	85.1	1.14	84.3	1.15	84.6	1.14
Current Residents from In-County	97.9	82.7	1.18	80.0	1.22	82.7	1.18	77.0	1.27
Admissions from In-County, Still Residing	44.0	25.4	1.73	20.9	2.10	21.6	2.04	20.8	2.11
Admissions/Average Daily Census	81.5	117.0	0.70	144.6	0.56	137.9	0.59	128.9	0.63
Discharges/Average Daily Census	80.4	116.8	0.69	144.8	0.56	139.0	0.58	130.0	0.62
Discharges To Private Residence/Average Daily Census	19.6	42.1	0.46	60.4	0.32	55.2	0.35	52.8	0.37
Residents Receiving Skilled Care	98.9	93.4	1.06	90.5	1.09	91.8	1.08	85.3	1.16
Residents Aged 65 and Older	95.7	96.2	0.99	94.7	1.01	92.5	1.04	87.5	1.09
Title 19 (Medicaid) Funded Residents	47.9	57.0	0.84	58.0	0.83	64.3	0.74	68.7	0.70
Private Pay Funded Residents	45.7	35.6	1.28	32.0	1.43	25.6	1.79	22.0	2.08
Developmentally Disabled Residents	0.0	0.6	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	46.8	37.4	1.25	33.8	1.38	37.4	1.25	33.8	1.39
General Medical Service Residents	1.1	21.4	0.05	18.3	0.06	21.2	0.05	19.4	0.05
Impaired ADL (Mean)	56.2	51.7	1.09	48.1	1.17	49.6	1.13	49.3	1.14
Psychological Problems	55.3	52.8	1.05	51.0	1.09	54.1	1.02	51.9	1.07
Nursing Care Required (Mean)	6.8	6.4	1.06	6.0	1.12	6.5	1.04	7.3	0.92